

Behavioral Health Services Organization (BHSO) - Information in Questions & Answers Format Webinar Held on January 30, 2015

This document is a collaborative product of the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), Department for Medicaid Services (DMS) and Office of Inspector General (OIG). The audience for this recorded BHSO webinar was geared towards those interested in the field of substance use treatment.

Goal of Webinar: Explain the Behavioral Health Services Organization (BHSO) provider type application and licensure process, and how to enroll in Medicaid to potential providers.

As a result of this webinar, participants will be able to:

- Apply knowledge gained from the webinar to apply for the BHSO provider type through the Office of the Inspector General and Department for Medicaid Services.
- Recall how to access information from the webinar.
- Recall how to ask future questions on this provider type.

The below questions were asked during this BHSO webinar. The recorded webinar can be accessed at:

<http://dbhdid.ky.gov/dbh/bhso.aspx>.

BHSO Webinar Questions and Answers

Credentialing/Certification

907 KAR 3:005-- Providers just now enrolling-- Wait times are 85 days-- looking to see if the Department will be giving a grace period for credentialing and implementing safe and effective billing practices?

The regulation went into effect on March 6, 2015. DMS has made enrolling BHSOs the number one provider enrollment priority over ALL Medicaid providers and maintains an attitude of cooperating/working with BHSO applicants. DMS recommends BHSO applicants contact DMS if they have not heard from the agency within 30 days of filing the application for enrollment so it can be expedited.

What do you find to be the biggest hold up in the provider certification process that we can eliminate on our end?

Ensuring that the application has been completed in its entirety and that all supporting documentation are present will streamline the process. The most common errors are unanswered questions, illegible documents and unsigned applications.

Questions Involving Medicaid Services

Can we obtain a list of these covered Medicaid services along with codes and reimbursable amounts?

Though DMS's reimbursement for some services is a given percent of Medicare's rate, DMS's posts a version of the fee schedule (listing all actual rates) - titled "Mental Health Substance Abuse Services Non-facility Fee Schedule" on the following web site: <http://www.chfs.ky.gov/dms/fee.htm>.

Covered Services and providers can be found on the LRC Regulation Webpage: <http://www.lrc.ky.gov/kar/907/015/020.htm>.

Because the BHSO Medicaid number must be linked to at least one individual that has their Medicaid number before the BHSO Medicaid number can be issued, can the individual with the Medicaid number be located in a different part of the state than the BHSO licensed location (while the agency hires additional staff) simply for the purposes of obtaining the agency's BHSO Medicaid number?

No, the individual provider that will actually be rendering services at the BHSO in question will need to enroll individually.

When a licensed person is supervising an associate, are they required to be in the same building as the associate the entire time the associate is at work for the supervision to meet regulatory requirements?

No. However, supervisors are expected to follow the supervisor rules outline in the BHSO regulation. (<http://www.lrc.ky.gov/kar/907/015/020.htm>)

What types of Medicaid recipients are not served by Managed Care Organizations (MCO)?

The elderly population (who are in a nursing facility or home and community-based services programs) and individuals with a physical or intellectual disability who receive services in an institutional setting or home and community based services program.

If a provider does not bill Medicaid for any services but are enrolled as a Medicaid provider, can the provider still provide fee for service to Medicaid patients and not bill Medicaid for reimbursement?

No, as stated in regulation 907 KAR 3:005 (Physician Services) if a Medicaid provider renders a Medicaid-covered service to a Medicaid recipient then no one shall bill the recipient for the service and that DMS will dis-enroll from the Medicaid program any provider that participates in an arrangement (where someone bills the recipient.)

If a patient is being treated for substance abuse with Methadone, can you bill for counseling and physician visits and lab testing?

Yes. Counseling (individual therapy, group therapy, family therapy) services are covered services in the BHSO setting (907 KAR 15:020) and physician visit are allowed under the BHSO.

Please note that lab services are not covered in the BHSO setting; however, lab services are covered (can be billed) by physicians as physician services or by labs as lab services. So if a physician worked for a BHSO, the physician could provide lab services but would need to bill for the lab services under the physician's Medicaid provider number and not under the BHSO provider number. Likewise if a lab had an arrangement with a BHSO, the lab can provide services and bill Medicaid under the lab's provider number but not the BHSO provider number. DMS is currently considering adding those services to the BHSO.

Does the BHSO have to enroll as an independently enrolled provider? The billing provider is the BHSO entity, correct? The independent provider just has to supervise the behavioral health professional, right?

Yes, the BHSO is the billing entity, responsible for billing services provided by the BHSO, and any independently licensed behavioral health professional providing services for the BHSO must enroll and link to it. If a BHSO uses associate level practitioners (practitioners not authorized by Kentucky law to independently provide services and must work under supervision) then the BHSO must have a Medicaid-enrolled behavioral health practitioner who is authorized by Kentucky law to practice independently to be the billing supervisor for services rendered by associate level practitioners.

Also, a billing supervisor/associate practitioner under supervision arrangement cannot violate the supervisory rules of the respective governing boards of the professionals. For example, a license psychological associate (which is an associate level behavioral health practitioner) can only work – per Kentucky Board of Psychology rules – under the

supervision of a board-certified licensed psychologist. So when establishing billing supervisor/associate under supervision arrangements it's important to make sure that the arrangement does not violate the respective professional governing board rules.

Please refer to Section 3 Covered Services of the BHSO regulation at <http://www.lrc.ky.gov/kar/907/015/020.htm> for supervision requirements for individual services.

What levels of services under the BHSO are required to be preauthorized (i.e. Residential Treatment, PHP, IOP and OP treatment)?

DMS does not impose prior authorization/preauthorization; however, MCOs are free to impose prior authorization if they wish. MCOs can choose to require PA for services but DMS "Medicaid fee-for-service" does not require PA for any of the BHSO services.

The question about the manager being able to supervise a limited amount of people being 25, can you clarify that? How many clients can a licensed person supervise that receive services from the Certified Alcohol and Drug Counselor for instance?

The regulations do not impose any limit on the number of staff that an independently behavioral health professional can supervise.

You may be thinking of the client caseload cap for targeted case management providers. Targeted case managers can serve no more than 25 targeted case management clients/recipients at one time.

Yes on lab testing? Previously it was stated you that the urine drug screening (UDS) is not reimbursable under the BHSO ~ this is confusing.

A physician can bill for lab services under the physician's Medicaid provider number but DMS does not reimburse BHSOs for lab services.

Since labs are not covered, I assume we can charge a co-pay for this service? I am referring to urine drug screens (UDS) collected on site.

If a co-pay is required for a drug screen collected on site, yes it can be charged when the UDS is billed under the physician's Medicaid ID number. A UDS is not a covered service under the BHSO; therefore, a BHSO cannot charge a co-pay for the service.

As an OTP, you are required to disburse the suboxone at the facility, is the medication itself reimbursable through the BHSO?

No, the medication itself is not reimbursed through the BHSO. The medication is reimbursable through the Medicaid pharmacy program (when dispensed by a Medicaid-participating pharmacist) established in regulation 907 KAR 1:018 which can be found here: <http://www.lrc.state.ky.us/kar/907/001/018.htm>

What is the maximum case load a case manager can be assigned?

Until October 1, 2015, there is no maximum but effective October 1, 2015 the limit becomes twenty-five (25) clients. The limit does not apply to:

- *Mobile crisis services;*
- *Crisis intervention services; or*
- *Screenings*

Is that a manager or licensed supervisor?

The limit of 25 applies to the number of targeted case management clients that a targeted case manager can handle at one time. There is no limit on the number of staff that a billing supervisor can supervise.

Narcotic Treatment Programs (Methadone Programs) Related Questions

Is there a provider type for Narcotic Treatment Programs (methadone programs)?

The Department for Medicaid Services does not have a provider type for narcotic treatment programs/methadone programs.

Can we become a BHSO and bill for all counseling and lab services under physician?

Counseling services (individual therapy, group therapy, family therapy) are reimbursable when provided in a BHSO (in which case they'd be billed by the BHSO) or when provided by a physician (in which case they could be billed by the physician under the physician's number or if the physician was working for a BHSO when providing the counseling the services could be billed by the BHSO.)

DMS reimburses physicians for lab services but does not reimburse BHSOs for lab services; thus, lab services would need to be billed under the physician's provider number.

I understand Methadone is not covered, but can we charge a copay for this if the medicine is not covered?

No, as Methadone is not covered a co-pay cannot be charged for the medication.

I understand we apply with DMS and/or MCO to negotiate rates. Are these only fee for service and not bundled?

MCOs are free to reimburse differently for services than the Department for Medicaid Services/Fee-for-Service reimburses. Reimbursement for services provided to Medicaid recipients enrolled with a managed care organization is negotiated between each provider and the respective MCO. MCOs are free to bundle reimbursement (if the provider agrees to such reimbursement).

Narcotic Treatment Program Directors are not licensed as you stated.

Thank you for the correction.

Narcotic Treatment Programs require counselors to have or work toward Certified Alcohol and Drug Counselor (CADC). Can they bill under supervisor?

CADCs cannot bill for services (in the Medicaid program) but they can render services under supervision of a billing supervisor. So they can render services but they cannot bill.

Who do we talk to about rates?

As the substantial majority of Medicaid recipients receiving substance use treatment are enrolled with a managed care organization, the best party to discuss rates with is each respective MCO. Reimbursement, for services given to Medicaid recipients in managed care, is negotiated between each provider and the respective MCO.

You mentioned the Executive Director/Program Director must have one of the licenses you listed. Most NTP programs have Master Level Directors with Certified Alcohol and Drug Counselor (CADC). Should our Medical Director be listed as Executive Director to meet the BHSO requirements?

According to 902 KAR 20:430, a BHSO's executive director must have a master's degree in business administration or a human services field, or a bachelor's degree in a human services field, including: 1. Social work; 2. Sociology; 3.

Psychology; 4. Guidance and counseling; 5. Education; 6. Religion; 7. Business administration; 8. Criminal justice; 9. Public administration; 10. Child care administration; 11. Christian education; 12. Divinity; 13. Pastoral counseling; 14. Nursing; 15. Public health; or 16. Another human service field related to working with children with severe emotional disabilities or clients with severe mental illness.

In addition, an executive director with a master's degree shall have a minimum of two (2) years of prior supervisory experience in a human services program. An executive director with a bachelor's degree shall have a minimum of two (2) years of prior experience in a human services program plus two (2) years of prior supervisory experience in a human services program.

Because of a CADC's education and experience, the OIG would consider a CADC to be the professional equivalent of an individual with the above mentioned bachelor's level education, and the required supervisory experience must be met to qualify as the dual NTP-BHSO executive director.

Targeted Case Management

The explanation of conflict free case management is different from what we have been hearing-is it that the TCM must be conflict free with their client or conflict free by not providing any Medicaid service to any Medicaid recipient?

The rule is that an individual who provides targeted case management to a recipient cannot provide any other Medicaid covered service to that same recipient. A behavioral health professional who is a targeted case manager can provide, in general, both targeted case management and behavioral health services but they cannot provide both (TCM and behavioral health services) to the same recipient.

Since TCM rates are embedded in a regulation can a MCO reimburse at a lower rate?

Yes, MCOs can reimburse differently than the Department for Medicaid Services reimburses for services. The reimbursement established in DMS regulations only apply to services rendered to Medicaid recipients who are "fee-for-service" (i.e. not in managed care.)

Reimbursement for services provided to Medicaid recipients enrolled with an MCO are negotiated between the MCO and each respective provider (such as a BHSO.)

Can Targeted Case Management be court ordered?

The Department for Medicaid Services does not pay for court-ordered services. The basic requirement for Medicaid coverage of any services is that it is determined to be medically necessary in accordance with Medicaid regulation. A judge is not a medical clinician. However, if a Medicaid enrolled provider determines the service to be medically necessary, than it may be covered by Medicaid.

Questions Involving Managed Care Organizations (MCO)

Are the MCO's required to follow these guidelines, allowing these provider types?

Yes, MCOs are required to follow the same rules regarding authorized behavioral health practitioners/providers/supervisors and related.

Can we find out how many BHSO's each MCO has?

You would have to check with each MCO to obtain that information. DMS has a Medicaid provider directory website (link below) which you can use to find providers by type by location in Kentucky but you would have to contact each MCO (unless the MCOs post the information on their respective websites) to find out which BHSOs are enrolled with the respective MCO. (answer continued on next page)

Here's the aforementioned link to the DMS provider directory website:

<http://www.kymmis.com/Provider%20Directory/>

Is a Certified Alcohol and Drug Counselor (CADC) under supervision allowed to bill under a BHSO as well?

No, a CADC is not allowed to bill under a BHSO but the services provided by a CADC may be billed under the billing supervisor. Only billing supervisors are allowed to bill under the BHSO provider number.

If I am currently a MSG with contracts with the MCO's do I need to re-negotiate contracts?

The provider will need to contact each MCO to inquire on their contracting process to determine if a new contract is warranted.

This MCO credentials organization against NCQA requirements. Since BHSO has 1 year to obtain accreditation, will they be required to have CMS survey?

MCOs are required by NCQA to ensure a provider is properly licensed, and a BHSO would be properly licensed even if given a year to be accredited. In other words, if the state has licensed the provider, then that is what the MCO should be credentialing against.

If my providers are already credentialed with the MCO's (as we are a MSG) do they have to be re-credentialed under our BHSO?

The provider will need to contact each MCO to determine whether re-credentialing with the MCO would be warranted.

Can a MCO pay for "bundled medication assisted treatment services" even though DMS does not?

An MCO is free to reimburse differently than DMS for services. DMS reimburses on an itemized/individualized basis for the individual components of MAT. MCOs are not required to reimburse the same way as DMS reimburses.

Is preauthorization dictated by the regulations or can each MCO set that independently?

DMS does not impose prior/preauthorization; however, MCOs are free to impose prior authorization if they wish. MCOs can choose to require PA for services but DMS "Medicaid fee-for-service" does not require PA for any of the BHSO services.

Resources within the Cabinet for Health and Family Services

I'm with Behavioral Health Group (BHG), a company that operates multiple OTPs in KY. We'll be applying for our Medicaid Provider Number within the next few months for all of our Treatment Centers. If we have questions, is there a point of contact and phone number that can be made available to us?

Below is information on DMS's provider enrollment website (followed by a link to the website). The website has many resources to help applicants enroll as Medicaid providers.

- If you want to learn about KY Medicaid Provider, refer to [What is a KY Medicaid Provider?](#)*
- If you are a new provider, refer to the [Application Information and Provider Type Summaries](#).*

- *If you are an existing provider and need to make changes, refer to Maintenance Information.*
- *If you need to update your License, refer to Update Your License Information with KY Medicaid*
- *Read provider enrollment updates New Information*

If you have any further questions or need assistance, please either email us at Program.Integrity@ky.gov or call toll free: (877) 838-5085 Monday to Friday 8 a.m. - 4:30 p.m. ET.

*Note: Please read the Important Provider Enrollment Information regarding new phone hours and email address.
<http://www.chfs.ky.gov/dms/provEnr/>*

Departmental Contacts

Department for Behavioral Health, Developmental and Intellectual Disabilities

Maggie Schroeder
Maggie.Schroeder@ky.gov
502-564-4456

Department for Medicaid Services

Stuart Owen
Stuart.owen@ky.gov
502-4321 extension 2015

Office of Inspector General

Robin Rowe
Robin.Rowe@ky.gov
502-564-7963